

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE BD.

COMMITTEE NAME (Must be same as on Statement of Organization)

IMPORTANT: Indicate by # type of committee you are reporting for: ☐
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name Jackie Smith Political Party (if applicable) Democratic
Office Sought County Supervisor District (if Senate or House) _____

FORM DR-2 (Rev. 07/2007)	DISCLOSURE REPORT
For Office Use Only	
Comm. # <u>18237</u>	
Logged In <u>3</u>	
Scanned _____	
Computer <u>pm</u>	
Audited _____	

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

I AM FILING A _____ REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

(report date)

Indicate by # ☒ 1

☒ CHECK IF AMENDMENT TO REPORT DATED 10/14/08

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held WOODBURY

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

**UNPAID BILLS (From Schedule D - Attach Schedule D)

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

\$ 2,099²⁰
3,720⁰⁰
5,819²⁰
3,645⁸⁷
2,173³³
1,075³⁶
YES _____ NO _____

For Instructions, See Back of Form

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Smith for Supervisor

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
7/16/08	ID# CK#	Tom Dadds 334 West Pinehurst Oak. Dunes SD		\$ 100 ⁰⁰	<input type="checkbox"/>
2	ID# CK#	David Samsky 4518 4th Ave Sioux City IA		25 ⁰⁰	<input type="checkbox"/>
7/18/08	ID# Duplicate CK#	Katherine Sitzman 2231 Helmer St. Sioux City IA	X	50 ⁰⁰	<input type="checkbox"/>
7	ID# Duplicate CK#	Linda Steele 115 Fairview Dr. S. Sioux City IA	X	30 ⁰⁰	<input type="checkbox"/>
8	ID# Duplicate CK#	Barb Juarez 1408 Galaxy Dr. Hinton IA	X	20 ⁰⁰	<input type="checkbox"/>
7/18/08	ID# Duplicate CK#	405pec Fred Cash Contr. buttons	X	5 ⁰⁰	<input type="checkbox"/>
8/7/08	ID# CK#	John Gray 2801 Orchard St. Sioux City IA		25 ⁰⁰	<input type="checkbox"/>
2	ID# CK#	Steve Hanson 3669 Lindenwood St. Sioux City IA		100 ⁰⁰	<input type="checkbox"/>
2	ID# CK#	Richard Hayes 2553 Cassel Pl Sioux City IA		50 ⁰⁰	<input type="checkbox"/>
8/7/08	ID# CK#	Paulette Wahl 2003 Helen St. Sioux City IA		25 ⁰⁰	<input type="checkbox"/>

SUB-TOTAL

\$ 325

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Smith for Supervisor

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8/7/08	ID# CK#	Tim Foix 2424 W. Home St. Sioux City, IA		\$ 50 ⁰⁰	<input type="checkbox"/>
8/19/08	ID# CK#	Brad Logo 2920 Sunset Cir Sioux City, IA		25 ⁰⁰	<input type="checkbox"/>
7	ID# CK#	James Cosgrove 3519 Jackson St. Sioux City, IA		25 ⁰⁰	<input type="checkbox"/>
7	ID# CK#	Sue Hatfield #17 Congress St. Sioux City, IA		25 ⁰⁰	<input type="checkbox"/>
8/21/08	ID# CK#	Donna Walsh via Art Blue 2003 Bayberry St. Sioux City, IA		100 ⁰⁰	<input type="checkbox"/>
9/4/08	ID# CK#	Linda Mathison 835 Gordon Dr. Sioux City, IA		100 ⁰⁰	<input type="checkbox"/>
7	ID# CK#	Richard Owens 3001 Malloy Rd Sioux City, IA		20 ⁰⁰	<input type="checkbox"/>
9/8/08	ID# CK#	Michael Bennett 4508 Stoveridge Sioux City, IA		300 ⁰⁰	<input type="checkbox"/>
9/11/08	ID# CK#	Penny Newsweek 55 Ridge View Sioux City, IA		20 ⁰⁰	<input type="checkbox"/>
	ID# CK#	Denise Hunter 2090 Roundtable Rd Sgt Bluff, IA		375 ⁰⁰	<input type="checkbox"/>

SUB-TOTAL

\$ 1040⁰⁰

TOTAL (If last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

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SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Smith for Supervisor

☐ CHECK THIS BOX IF
AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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9/16/08	ID# CK#	George Boykin 2204 Terrace Pl Sioux City, IA		\$50 ⁰⁰	<input type="checkbox"/>
	ID# CK#	Letomah Hoult PO Box 2722 Sioux City, IA		20 ⁰⁰	<input type="checkbox"/>
8/27/08	ID# 6144 CK#	NW IA Labor Council 3038 Lakeport Dr. Sioux City, IA		250 ⁰⁰	<input type="checkbox"/>
9/29/08	ID# CK#	Anne Johns 1309 35 th St. Sioux City, IA		25 ⁰⁰	<input type="checkbox"/>
	ID# CK#	Flora Lee 1608 Casselman St Sioux City, IA		25 ⁰⁰	<input type="checkbox"/>
	ID# CK#	Paula Brown 1020 Hwy 715 Okoboji, IA		50 ⁰⁰	<input type="checkbox"/>
	ID# CK#	John Olson 5438 Lorraine Ave Sioux City, IA		50 ⁰⁰	<input type="checkbox"/>
	ID# CK#	Rhoda Genzel 3150 Norman Dr. Sioux City, IA		50 ⁰⁰	<input type="checkbox"/>
	ID# CK#	Patricio Reba 210 Frontier Sgr Bluff, IA		10 ⁰⁰	<input type="checkbox"/>
9/29/08	ID# CK#	Margo El Zeini 1317 Winona Ct Sioux City, IA		20 ⁰⁰	<input type="checkbox"/>

SUB-TOTAL

\$550⁰⁰

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Smith for Supervisor

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
9/29/08	ID# CK#	Mrs Ivan Richardson 3100 Norman Dr. Sioux City IA		\$ 25 ⁰⁰	<input type="checkbox"/>
9/29/08	ID# 6331 CK#	Teamsters Local #534 DRIVE 4249 S. 90th St. Omaha NE		250 ⁰⁰	<input type="checkbox"/>
9/29/08	ID# CK#	Unspecified Cash Contributions		40 ⁰⁰	<input type="checkbox"/>
9/29/08	ID# CK#	Brad Kollars 402 Benson Bldg Sioux City IA		250 ⁰⁰	<input type="checkbox"/>
9/29/08	ID# CK#	Darrel Strong 1221 Hill St. Sioux City IA	Father	100 ⁰⁰	<input type="checkbox"/>
9/29/08	ID# CK#	Tim Boharo 1915 Heights Ave Sioux City IA		100 ⁰⁰	<input type="checkbox"/>
9/29/08	ID# CK#	Daniel Smith PO Box 67 Idler SD		100 ⁰⁰	<input type="checkbox"/>
9/29/08	ID# CK#	Joan Dodds 334 West Pinehurst Dakota Dunes SD		100 ⁰⁰	<input type="checkbox"/>
9/29/08	ID# CK#	Michelle Lewan 3622 Grandview Blvd Sioux City IA		50 ⁰⁰	<input type="checkbox"/>
9/29/08	ID# CK#	M. Julie Hearn 109 W. Gilman Terr Sioux City IA		50 ⁰⁰	<input type="checkbox"/>

SUB-TOTAL

\$ 1065⁰⁰

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

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SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS

☐ CHECK THIS BOX IF
AMENDING FORM

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Smith for Supervisor

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
9/29/08	ID# CK#	Jean Johnson 5207 Wellington St Sioux City IA		\$ 25 ⁰⁰	<input type="checkbox"/>
	ID# CK#	Jackie Workstatt 4628 Central Ave Sioux City IA		25 ⁰⁰	<input type="checkbox"/>
	ID# CK#	Judy Hanson 300 3rd St./Box 567 Sgt Bluff IA		25 ⁰⁰	<input type="checkbox"/>
	ID# CK#	David Samsky 4518 4th Ave Sioux City IA		25 ⁰⁰	<input type="checkbox"/>
	ID# CK#	Sandra Lee Kengal 2329 Indian Hills Dr Sioux City IA		25 ⁰⁰	<input type="checkbox"/>
	ID# CK#	Diane McLarty 2842 Valley Dr Sioux City IA		25 ⁰⁰	<input type="checkbox"/>
	ID# CK#	Patricia Hammerstrom 3817 Vine Ave Sioux City IA		20 ⁰⁰	<input type="checkbox"/>
	ID# CK#	Don Heynter 2090 Roundtable Rd Sgt Bluff IA		20 ⁰⁰	<input type="checkbox"/>
	ID# CK#	Rosanne McLarty 3441 Stone Ranch Rd Sioux City IA		20 ⁰⁰	<input type="checkbox"/>
9/29/08	ID# CK#	Diane Feste 497 Cedar St. Linton IA		20 ⁰⁰	<input type="checkbox"/>

SUB-TOTAL

\$ 230⁰⁰

TOTAL (if last page of this schedule)

\$

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Smith Lee Supervisor

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
9/29/08	ID# CK#	Kevin Beauvais 917 2nd St. Sioux City IA		\$ 15 ⁰⁰	<input type="checkbox"/>
2	ID# CK#	Linda O'Kane 1815 Rebecca St. Sioux City IA		10 ⁰⁰	<input type="checkbox"/>
2	ID# CK#	Fredrick Garber 607 Virginia St. Apt 104 Sioux City IA		10 ⁰⁰	<input type="checkbox"/>
	ID# CK#	Trayle Lee-Chavis 3250 Pawnee Pl Sioux City IA		10 ⁰⁰	<input type="checkbox"/>
	ID# CK#	Unspecified Cash Contributions		215	<input type="checkbox"/>
	ID# CK#	Jeanette Hopkins #2 Blackstone Sioux City IA		50 ⁰⁰	<input type="checkbox"/>
	ID# CK#	Doug Harold 4800 Saddle Lane Sioux City IA		200 ⁰⁰	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 510⁰⁰

TOTAL (if last page of this schedule)

\$ 3,720

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Smith for Supervisor

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
8/21/08	ID# CK#	Record Printing Sioux City IA	Printing Campaign Materials	\$591 ⁶⁹
9/29/08	ID# CK#	Powell Broadcasting Sioux City IA	Campaign Radio Advertising	228 ⁸⁵
9/29/08	ID# CK#	Woodbury County Democratic Party	Reimbursement ActBlue Service Charge (Webb)	3 ⁹⁶
10/2/08	ID# CK#	Jodie Smith Sioux City IA	Reimbursement Campaign Newspaper Advertisements	371 ³⁸
10/2/08	ID# CK#	Bruce Lear 3531 Idlewood Sioux City	Reimbursement Campaign Radio Ad Purchase	400 ⁰⁰
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$
TOTAL (If last page of this schedule)				\$3645 ⁸⁷

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Smith for Supervisor

Reset Form

SCHEDULE
E
(Rev. 06/97)

IN-KIND
CONTRIBUTIONS

☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
8/1/08	Jackie Smith 2324 Mohawk Ct Sioux City IA	Candidate	Sign Materials	\$ 208 ⁴³	<input type="checkbox"/>
8/27/08	Jackie Smith 2324 Mohawk Ct Sioux City IA	"	Yard Sign Sign Materials	208 ⁹³	<input type="checkbox"/>
9/29/08	Jackie Smith 2324 Mohawk Ct Sioux City IA	"	Yard Sign Wire Rental	40 ⁰⁰	<input type="checkbox"/>
10/2/08	Jackie Smith 2324 Mohawk Ct Sioux City IA	"	Pizza Purch @ Fundraiser	322 ⁵⁰	<input type="checkbox"/>
10/10/08	Bruce Lear 3531 Idlewood Sioux City IA		Portion of Campaign Ads	220 ⁵⁰	<input type="checkbox"/>
10/16/08	Jackie Smith 2324 Mohawk Ct Sioux City		Yard Sign Wire	75 ⁰⁰	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL

\$ 1075³⁶

TOTAL (if last
page of this
schedule)

\$ 1075³⁶

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(for Schedule E)